MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-006395						
AMENDED Registration District No. 1003 Registrat's No. 1447 STATE FILE NUMBER						
1. PLACE OF DEATH					USUAL RESIDENCE (Where deceased lived. If institution: Residence before	
		13	ξ 2		STATE MO b. COUNTY edmission) c. CITY Inside Limits	
MEN		17		TOWN St. Louis Life	or St. Louis Yes ₹ No □	
DATE AMENDED		1	7/10	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Cardinal Glennon INSTITUTION Memorial Hosp. Inside Limits Yes X No	d. STREET (If outside, give location) ADDRESS 1747 Simpson Place Yes No 25	
	1	14.	Ÿ.		ast 4. DATE Month Day Year OF DEATH Department TO 1041	
WS		1	Ì.	Katherine Rene Coleman 5. SEX 6. COLOR OR RACE 7. Married D Never Married 16. 18. 1	n DEATH February 10 1961 DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAR IF UNDER 24 HR	
		1	١.	F Widowed Divorced 7-	20-60 Months Days Hours Min.	
		10		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	St. Louis U.S.A.	
FOLLOWS		2	1-	138. FATHER'S NAME 136. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE	
		100	-	Kenneth Coleman Bonita Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Infant Informant Address	
E AS		17		(Yes, no, or unknown) (If yes, give war or dates of service) None Ke	enneth Coleman 1747 Simpson Place	
AR		2 E		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEPTH	
	',	NE		IMMEDIATE CAUSE (a) Supuriormo	A /ANTA: (:)	
HIS REC		1,72		Conditions, if any, which gave rise to		
THIS RECORD ARE INSTEAD OF		3		above cause (a), stating the under- lying cause last. DUE TO (c)	0533	
		3	2		not related to the terminal PART III. If deceased was female was there a pregnancy in last 90 days.	
SHOULD READ		75	Į,	ATT	☐ Yes ☐ No ☐ Unknown	
		1		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJ. PERSORMED? YES NO.	RURY OCCURRED. (Enter nature of Injury in PART I or PART II of Item 18.)	
		1	145	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		
		No	1	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. Cl	ITY, TOWN, OR LOCATION COUNTY STATE	
		8		NOT WHILE AT WORK	(-/-1 her) 7-1A-/	
		210		Death occurred at	e stated above, and to the best of my knowledge, from the causes stated.	
夏		- C		22a, SIGNATURE (Degree or fitte) 22b.	ADDRESS 22c. DATE SIGNED	
L.,	- -	13	-	23a. BURNAL CREMATION, 23b. DATE 23c. NAME O CEMETERY OR CREMATO		
Ö.		AFFIDA A	_	Removal 2-13-61 St. Trinity Cem 24. FUNERAL DIRECTOR ADDRESS 25. DATE REC	netery St. Louis County, Missouri	
ITEM		Q à		McLaughlin Funeral Home FFR 1	14 1961 Can Smith M.D.	
•		- 1	• -	2301 Lafayette St. Louis, Mo.	^ / Z	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Lawy A Chapman
	Licensed Embalmer No. 4555
	P. O. Address Francis My.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.